Application or Docket Number												nber	1	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 59469 Jpw SHS/mg													M	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			10				RA	TE	FEE	1	RATE	FEE		
FOR .			NUMBER	FILED	NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			19 min	minus 20=		· b		9=		OR	X\$18=			
INDEPENDENT CLAIMS			6 m	= C auni	'	3		0==	120	ОВ	X80=			
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT			7			100	107				
· It	the difference	+13 TO		1100	OR OR	+270=								
	C		10	IAL	47	IOH								
		(Column 1)	- TILLIOUS	(Colu		(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 9	Minus	. 2	o	- Ø	X\$	9≖		OR	X\$18=			
	Independent •		Minus	•••	6	-0	X4	0=		OR	X80=		****	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=			
TOTAL OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE														
AMENDMENT B	. CLAIMS REMAINING		Control of the Contro	HIGH					ADDI-	1 1		ADDI-		
		AFTER AMENDMENT			OUSLY	EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE	1	
	Total	• 7	Minus	••	20	•	×\$	9=		OR	X\$18=		İ	
	Independent	NTATION OF M	Minus	PENDENT	CLAIM		X40)=	Comments.	OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270=												·	-	
	•							TAL		OR	TOTAL			
		ADOIT.	ree		, – ,	ADDIT. FEE								
6		(Column 1) CLAIMS REMAINING	10.0	FIGH		(Column 3)			ADDI-			ADDI-	ľ	
AMENDMENT C		AFTER AMENDMENT		PREV		PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**		•	X\$) =		OR	X\$18=	•	:	
	Independent ·	•	Minus	444	1, 1, 1,	=	X40	=	·		X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR				
	lf the enter to enter	ma 1 is less than t	ha antor in act.	umma O umite	90° in co	tumo 3	+13			OR	+270=			
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE														
		mber Previously Pa hber Previously Pa							propriate box				!	